



## UPLAND DEVELOPMENT SERVICES DEPARTMENT HISTORIC DOWNTOWN REVITALIZATION PROGRAM 460 N. Euclid Avenue, Upland, CA 91786 Phone (909) 931-4105

#### **GENERAL CONDITIONS**

The Historic Downtown Revitalization Program ("Program") is designed to assist local downtown businesses make exterior façade improvements that enhance, restore, correct or improve the appearance of the building and eliminate slum and blight. The City reserves the right to approve improvements made to the building under the Program. All improvements must comply with the Historic Downtown Specific Plan and any other local ordinance. The City will fund the Program with federal CDBG funds; all program participants must abide by all rules and regulations governing the use of these funds. Both the Program applicant and the property owner must sign the application and other Program documents as needed. Program participants will be required to sign a 5 year maintenance covenant recorded against the property, as a condition to participate in the Program. Program participants further agree to cooperate with Program staff to ensure timely processing of all documents, agreements and inspections.

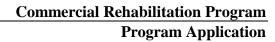
### **CONSENT AND DECLARATION**

I / We, as undersigned, hereby consent to allow authorized representatives of the Upland Development Services Department (the "City") to enter my/our property for the purpose of evaluating the building. This evaluation will be performed jointly by the undersigned and the representatives of the City. In addition, by signing below, I/We declare that the information provided herein is true and accurate to the best of my/our belief and knowledge that I/We made no misrepresentations in the application or other documents, nor did I/We omit pertinent information and that I/We under penalty of perjury have received and read the Commercial Rehabilitation Policies.

The undersigned certify the following:

I/We have applied for the Commercial Rehabilitation Program. In applying for assistance, I/We completed an application containing, various information for the purpose of grant funding. I/We acknowledge that the City will keep this application in a confidential file and shall not disclose it to any third party unless required to do so pursuant to applicable law or legal order. I/We understand and agree that the City will use due diligence in its review of Program applications; this may include independent verification of the information provided on the application. I/We expressly consent to and authorize City to verify the information on the application and hereby instruct all persons so requested to fully cooperate with City, including, but not limited to providing further confirmation or documentation as the City may request from time to time. I/We agree to abide by all program requirements and policy directives. I/We understand and agree to solicit qualified bid's from a preapproved City vendor list. I/We understand and agree that the City reserves the right to change the requirements of this application and program at any time without notice. I/We understand and agree that the City will make the final determination as to the satisfactory performance by the contractor. I/We understand and agree that to indemnify, defend and Hold Harmless the City of Upland its officers, employees and/or agents from all claims, suits or other legal matters that may arise out of this agreement.

Acknowledgement (if you are both the applicant and property owner sign both lines)			
Applicant's Signature	Date		
Property Owner's Signature	 Date		



CO-APPLICANT

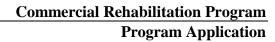
(Must be Property Owner)



**APPLICANT** 

# **APPLICANT INFORMATION**

Name:			Name:	
Phone Number (Day):			Alternate Phone Num	nber (Mobile):
Mailing Address:			Mailing Address:	
Email Address:			Email Address:	
BUSINESS INFORMATION				
Name of Business:				
Address of Business:				
Mailing Address of Business:				
Business License Number:			Expiration Date:	
Type of Business: (mark one only)		New Restaurant  Existing Restaurant  New Retail and/or New Sales Orientated Business		
		3 Service industry		
		·		
		Other (explain):		





# LIST PROPERTY OWNER(S) (ADD ADDITIONAL PAGES IF NEEDED)

NAME	ADDRESS	PHONE NUMBER	
I IST RUSIN	IESS OWNER(S) (ADD ADDITIONAL PAGES IF N	FEDED)	
<u> </u>	1233 OWNER(3) (ADD ADDITIONAL I AGES II NI	<u></u>	
NAME	ADDRESS	PHONE NUMBER	
BUSINESS PROFIT/LOSS STATEMENT			
Gross Annual Sales:			
Gross Annual Expenses:			
Gross Sales Tax Reported:			
Gross sales rax reported.			
Number of Employees:			
	Full Time		
	Part Time		
Year Business Opened:			
Current Monthly Rent Rate:	\$		
Current Variation of Lance		Total Store Sq. Ft	
Current Years Left of Lease:			



## **FINANCIAL/CREDIT INFORMATION**

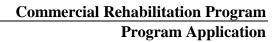
List all Business Debt (ADD ADDITIONAL PAGES IF NEEDED)

COMPANY / FINANCIAL INSTITUTION	ACCOUNT NUMBER	ACCOUNT BALANCE	MONTHLY PAYMENT
			\$
			\$
			\$
			\$
			\$
			\$

## **ELIGIBILITY QUESTIONS**

Answer "Yes" or "No" ("NO" RESPONSES REQUIRE SEPARATE WRITTEN EXPLANATION/CLARIFICATION):

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QUESTION	APPLICANT		CO-APPLICANT	
During the past 5 years, have you directly or indirectly been obligated on any loan, which resulted in foreclosure, transfer of the title in lieu of foreclosure or judgment? This would include such loans as home mortgages, SBA loans, home improvement loans, financial obligation or loan guaranty, etc	□ YES	□ NO	□ YES	□ NO
Are you presently delinquent or in default on any debt owed to the Federal Government (e.g., Fed. Income Tax, Public Health Service, U.S. Guaranteed Student loan, GI Bill Education Benefits, Etc.)?	□ YES	ОИ	□ YES	□ NO
Is the property to be rehabilitated your primary place of business?	□ YES	□ NO	□ YES	□ NO
Are you the owner or co-owner of this business?	□ YES	□ NO	□ YES	□ NO
Are you the owner or co-owner of this property?	□ YES	□ №	□ YES	□ NO
As part of your rehabilitation are you be willing to abide by the façade concepts provided by the City?	□ YES	□ NO	□ YES	□ NO
As part of your rehabilitation are you willing to make other needed property improvements to ensure a complete looking project?	□ YES	□ NO	□ YES	□ NO
As part of your rehabilitation would you be willing to remove barriers to persons with disabilities to comply with ADA requirements?	□ YES	□ <b>NO</b>	□ YES	□ NO
As part of your rehabilitation would you be willing to make seismic retrofits to the building, if needed?	□ YES	□ NO	□ YES	□ NO
As part of your rehabilitation would you be willing to participate in marketing materials to further promote the Program?	□ YES	□ NO	□ YES	□ NO





# FAÇADE IMPROVEMENTS REQUESTED

ITEMS TO BE REPAIRED		
1.		
2.		
3.		
4		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



#### **APPLICATION CHECKLIST**

Please submit copies of the following supporting documentation along with the completed program application:

- 1. A completed and signed CRP Application.
- 2. Applicants <u>Signed</u> Copies of the Federal Income Tax Return Form for the last year
- 3. A copy of the property hazard insurance policy (Front page coverage only) requiring rehabilitation.
- 4. A copy of the property tax bill for the property requiring assistance.
- 5. Balance Sheet Statement for the last two years (for new business provide annual revenue projection).
- 6. Profit and Loss Statement for the last two years.
- 7. Business Plan
- 8. Copy of the Deed to the property requiring rehabilitation.
- 9. Copy of current government issued photo identification for all property owner and leasee (Driver's License, CA Identification Card or US Passport)
- 10. Copy of City of Upland Business License.
- 11. A List of Items Requiring Rehabilitation.

The aforementioned list of supporting documents not is not an exhaustive list of documents required and should the City's review require additional information to make a determination on approval of the application, the applicant will be requested to submit additional documents as necessary to fulfill their submission requirements. Failure to comply with this or any other program requirements will disqualify the application.